

Measure # 4d: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Centered Medical Home (PCMH) Supplementary Survey Adult Version 2.0

Contact Information:

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Additional Notes:

- To learn more about using the CAHPS “Clinician and Group Survey” instruments, visit:
https://www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp?p=1021&s=213.

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p>HL29. In the last 12 months, did you fill out any forms at this provider's office?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No → If No, go to [core question] #24</p>	After core question 23	After question 32	After HIT7-12 After RC1-2 Before CU9-21 Before PCMH10-18 Before CU22-34	
<p>HL30. In the last 12 months, how often were you offered help to fill out a form at this provider's office?</p> <p>¹ <input type="checkbox"/> Never</p> <p>² <input type="checkbox"/> Sometimes</p> <p>³ <input type="checkbox"/> Usually</p> <p>⁴ <input type="checkbox"/> Always</p>	After core question 23	After question 32	After HIT7-12 After RC1-2 Before CU9-21 Before PCMH10-18 Before CU 22-34	Must be used with HL29
<p>HL31. In the last 12 months, how often were the forms from this provider's office easy to fill out?</p> <p>¹ <input type="checkbox"/> Never</p> <p>² <input type="checkbox"/> Sometimes</p> <p>³ <input type="checkbox"/> Usually</p> <p>⁴ <input type="checkbox"/> Always</p>	After core question 23	After question 32	After HIT7-12 After RC1-2 Before CU9-21 Before PCMH10-18 Before CU22-34	Must be used with HL29

Health Promotion and Education

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p>HP1. In the last 12 months, did you need this provider's help in making changes to prevent illness?</p> <p>¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No → If No, go to #HP3</p> <p>HP2. In the last 12 months, did this provider give you the help you needed to make changes to prevent illness?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p>	<p>After core question 17</p> <p>In core question 16, change skip instruction to: If No, go to #HP1</p>	<p>After question 22</p> <p>In question 21, change skip instruction to: If No, go to #HP1</p>	<p>After PC3</p> <p>After HI1</p> <p>If using HI1, follow the instructions for changing the skip instruction in HI1.</p>	<p>HP1-2 must be used together.</p>
<p>HP3. In the last 12 months, did you and this provider talk about healthy eating habits?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p>	<p>After core question 17</p>	<p>After question 22</p>	<p>After PC3</p> <p>After HI1</p>	<p>See changes to skip instruction in HP1.</p>
<p>HP4. In the last 12 months, did you and this provider talk about the exercise or physical activity you get?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p>	<p>After core question 17</p>	<p>After question 22</p>	<p>After PC3</p> <p>After HI1</p>	<p>See changes to skip instruction in HP1.</p>
<p>HP5. In the last 12 months, did you and this provider talk about things in your life that worry you or cause you stress?</p> <p>¹ <input type="checkbox"/> Yes, definitely ² <input type="checkbox"/> Yes, somewhat ³ <input type="checkbox"/> No</p>	<p>After core question 17</p>	<p>Do not use with PCMH.</p>	<p>After PC3</p> <p>After HI1</p>	<p>Do not use with PCMH17.</p> <p>See changes to skip instruction in HP1.</p>

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HP6. In the last 12 months, did this provider ever ask you whether there was a period of time when you felt sad, empty, or depressed? ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No	After core question 17	Do not use with PCMH.	After PC3 After HI1	Do not use with PCMH16. See changes to skip instruction in HP1.

Interpreters

Supplemental items addressing interpreters are available in the Cultural Competence Item Set.

Patient-Centered Medical Home (PCMH)

An expanded version of the 12-Month Survey that incorporates these PCMH items is available in the *CAHPS Clinician & Group Surveys and Instructions*: <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx>.

For detailed information about this item set, refer to *About the Patient-Centered Medical Home Item Set*: http://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Get_Surveys/1314_about_pcmh.pdf.

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PCMH1. In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away ? <input type="checkbox"/> Same day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 to 3 days <input type="checkbox"/> 4 to 7 days <input type="checkbox"/> More than 7 days	After core question 6	Included		

Question and response options	Placement in 12-Month Survey	Placement in 12-Month Survey with PCMH items	Placement with other supplemental items	Additional Notes
<p>PCMH2. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p>	After core question 8	Included	After HIT1-3	
<p>PCMH3. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No → If No, go to [core question] #9</p> <p>PCMH4. In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?</p> <p>¹ <input type="checkbox"/> Never</p> <p>² <input type="checkbox"/> Sometimes</p> <p>³ <input type="checkbox"/> Usually</p> <p>⁴ <input type="checkbox"/> Always</p>	After core question 8	Included	After HIT1-3	<p>PCMH3-4 must be used together.</p> <p>Do not use with SD1-4.</p>
<p>PCMH5. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p>	After core question 12	Included	<p>After AH1-2</p> <p>After HIT4-6</p>	

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<p>PCMH6. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No → If No, go to [core question] #23</p> <p>PCMH7. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?</p> <p>¹ <input type="checkbox"/> Not at all</p> <p>² <input type="checkbox"/> A little</p> <p>³ <input type="checkbox"/> Some</p> <p>⁴ <input type="checkbox"/> A lot</p> <p>PCMH8. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine?</p> <p>¹ <input type="checkbox"/> Not at all</p> <p>² <input type="checkbox"/> A little</p> <p>³ <input type="checkbox"/> Some</p> <p>⁴ <input type="checkbox"/> A lot</p> <p>PCMH9. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p>	After core question 22	Included	After HL18 After PC7-8 Before HL19-26 Before COC1-3	PCMH6-9 must be used together.

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<p>PCMH10. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No → If No, go to #PCMH12</p> <p>PCMH11. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?</p> <p>¹ <input type="checkbox"/> Never</p> <p>² <input type="checkbox"/> Sometimes</p> <p>³ <input type="checkbox"/> Usually</p> <p>⁴ <input type="checkbox"/> Always</p>	After core question 23	Included	After HIT7-12 After RC1-2 After HL27-31 After CU9-21 Before CU22-34	PCMH10-11 must be used together.
<p>Please answer these questions about the provider named in Question 1 of this survey.</p> <p>PCMH12. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p>	After core question 23	Included	After HIT7-12 After RC1-2 After HL27-31 After CU9-21 Before CU22-34	